**Abstract**

**Objective:** Pseudobulbar affect (PBA) occurs secondary to a variety of otherwise unrelated conditions, and is characterized by sudden, uncontrollable laughing or crying episodes. Diagnosis of PBA is based on consensus criteria. The PRISM II TBI and stroke cohorts have recently completed and results are expected this year.

**Methods:** PRISM II was a 12-week, open-label uncontrolled trial for PBA secondary to TBI or stroke. The Primary outcome was change from baseline in CNS-LS score (a PBA symptom measure) at Day 90/Final Visit vs baseline.

**Results:** Mean (SD) change from baseline in CNS-LS score was -5.9 (6.1)* (n=108), with higher scores indicating more significant effect of PBA on quality of life. QOL-VAS: "Mark the degree to which your PBA episodes of uncontrollable laughter or crying have affected your overall quality of life during the past week." Scores range from 0 to 10 with higher scores indicating more significant effect of PBA on QOL-VAS.

**Conclusion:** PBA is a treatable but extremely variable condition. It is important to detect PBA early and to follow up closely with patients who continue to experience these episodes. PRISM II was designed to evaluate the effectiveness of DM/Q in reducing the frequency and severity of PBA in patients with TBI or stroke. The study findings indicate that DM/Q may be effective in reducing PBA symptoms in this population.